

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
HEALTH AND RECOVERY SERVICES ADMINISTRATION  
Olympia, Washington**

**To:** Physical Therapists  
Managed Care Organizations

**Memorandum No: 07-76**  
**Issued:** December 20, 2007

**From:** Douglas Porter, Assistant Secretary  
Health and Recovery Services  
Administration (HRSA)

**For information, contact:**  
800.562.3022 or go to:  
<http://maa.dshs.wa.gov/contact/prucontact.asp>

**Subject: Physical Therapy Program: New Procedure Code**

**Effective for dates of service on and after January 1, 2008**, the Health and Recovery Services Administration (HRSA) will cover current procedural terminology (CPT™) code 96125. HRSA has updated the Physical Therapy Program Fee Schedule and coverage table to reflect this change in coverage.

### **Fee Schedule and Coverage Table Update**

HRSA is adding the following new procedure code to the Physical Therapy Program Fee Schedule and coverage table:

<b>New Procedure Codes</b>	<b>Brief Description</b>	<b>Limitations</b>
96125	Cognitive test by hc pro	Limit of one per calendar year, per client

To view the new Physical Therapy Program Fee Schedule, go to <http://maa.dshs.wa.gov/RBRVS/index.html>. Updated pages for the Physical Therapy Program coverage table are attached to this memorandum.

### **Billing Instructions Replacement Pages**

Attached are replacement pages C.7-C.8 for HRSA's *Physical Therapy Program Billing Instructions*.

### **How do I conduct business electronically with HRSA?**

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

## How can I get HRSA's provider documents?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

**Washington State  
Expedited Prior Authorization (EPA) Criteria Coding List  
For Physical Therapy (PT) LEs**

Procedure Code	EPA Code	Description	Criteria
<b>Physical Therapy</b>			
<b>97012- 97150, 97530- 97537, 97750, 97755, 97761</b>	<b>640</b>	<b>An additional 48 Physical Therapy program units</b>	When the client has already used the allowed program units for the current year and has <b>one</b> of the following surgeries or injuries:  1. Lower extremity joint surgery; 2. CVA not requiring acute inpatient Rehabilitation; or 3. Spine surgery
	<b>641</b>	<b>An additional 96 Physical Therapy program units</b>	When the client has already used the allowed program units for the current year and has recently completed an acute inpatient rehabilitation stay.

## Are school medical services covered?

HRSA covers physical therapy services provided in a school setting for school-contracted services that are noted in the client's Individual Education Program (IEP) or Individualized Family Service Plan (IFSP). Refer to HRSA's *School Medical Services Billing Instructions*. (See *Important Contacts*.)

## What is not covered? [WAC 388-545-500(12) and (13)]

- HRSA does not cover physical therapy services that are included as part of the reimbursement for other treatment programs. This includes, but is not limited to, hospital inpatient and nursing facility services.
- HRSA does not cover physical therapy services performed by a physical therapist in an outpatient hospital setting when the physical therapist is not employed by the hospital. Reimbursement for services must be arranged through the hospital.

# Physical Therapy Coverage Table

**Note:** Due to its licensing agreement with the American Medical Association, HRSA publishes only the official, brief CPT™ code descriptions. To view the full descriptions, please refer to your current CPT book.

**Note:** A program unit is based on the CPT code description. For CPT codes that are times, each 15 minutes equals one unit. For CPT codes that are time periods, each 15 minutes equals one unit. If the description does not include a time period, the procedure equals one unit regardless of how long the procedure takes.

Procedure Code	Modifier	Brief Description	EPA/PA	Policy/ Comments
Tens Application				
64550		Apply neurostimulator		Once in a lifetime
Muscle Testing				
95831		Limb muscle testing, manual		One muscle testing procedure is allowed per day. Muscle testing procedures cannot be billed in combination with each other. These procedures can be billed alone or with other physical therapy CP codes.
95832		Hand muscle testing, manual		
95833		Body muscle testing, manual		
95834		Body muscle testing, manual		
95851		Range of motion measurements		
95852		Range of motion measurements		
Tests and Measurements				
96125		Cognitive test by hc pro		Limit of one per calendar year, per client
97001		PT evaluation		Allowed once per calendar year, per client. Use this code for the initial evaluation.
97002		PT re-evaluation		Allowed once per calendar year, per client. Use this code for re-evaluation.
97005		Athletic train eval		Not covered
97006		Athletic train re-eval		Not covered

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**Coverage Table**  
**Denotes change**